

SERIAL NO.

## APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER AS FILED 2nd AMENDMENT DEP. DEP. IND. DEP. DEP. IND. IND. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FILING DATE